

HANDWRITTEN CHECK REQUEST FORM

Send To: DHS/Finance/USSDS Help Desk, 120 N. 200 W. #213, Salt Lake City, UT 84103

1. **Attach NEW Billing Form** with provider signature, caseworker (or contract specialist) signature (and supervisor signature for 295's One Time Payments). **COPIES OF PREVIOUS BILLING FORMS NOT ACCEPTED**
2. **Attach Memo on Region Letterhead from caseworker** explaining why payment was not processed through USSDS prior to year end cut off ; attach additional documentation if needed.
3. **Special note for stale dated checks** Attach a letter of explanation **from provider** explaining why check was not cashed in a timely manner. **The provider must sign this letter, also please include a new billing form 520/295 signed by the provider and worker/supervisor as form dictates.**
4. **Attach Payment History screen PP07 FOR EACH CLIENT** for service codes/ dates listed on billing form.

CLIENT INFORMATION: Complete all areas.

Client Name	ID Number	E L G	WK#	Service Dates (DDMMYY) start date-end date	Service Code	Units	K i n d	Rate	Amount
Contract # (if applicable to payments)								TOTAL \$	
FINET CODING STRING- (if more than one, show amount associated with each by service code/elig/amount- attach separate sheets if necessary)									

PROVIDER INFORMATION: Complete all areas		Region/District Information
Provider Name	Provider ID#	Requested by (Name of Payment Technician)
		Date
Mailing Address (verify address)		District Code/Region/ Telephone #
		()
City, State, Zip Code		Signature of Payment Entry Technician

(Before sending to USSDS Help Desk the following Signatures are Required)

Case Worker: _____ Date _____

Supervisor: _____ Date _____

Region Financial Mgr _____ - Date _____

Regional Director: _____ Date _____

Division Director: _____ Date _____ → (Only needed for old year payments)

Division Budget Officer: _____ Date _____ → (Only needed for old year payments)

DHS/FINANCE OFFICE USE ONLY

Reviewed & cleared for payment:

USSDS Help Desk

Date

☐ Approved

☐ Denied

Signature: _____ Date _____

Financial Manager Bureau of Finance

Check # _____ Date: _____

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